

VILLAGE OF IRVINGTON

EMPLOYMENT APPLICATION

	VILLAGE USE ONLY					
Candidate Name						
Civil Service Job Title:						
Civil Service Job	Competitive	Non-Competitive				
Classification:	Exempt	Labor				
Interview Cycle (as applicable): Department Head	Initials	Date / /				
Village Administrator						
Other						

VILLAGE OF IRVINGTON Employment Application

Please **TYPE** or **PRINT** clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in employment with the Village of Irvington.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, religion, color, gender, age, national origin, physical or mental disability, marital status, veteran status, genetic predisposition or carrier status, sexual orientation, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Village Administrator's Office. This application for employment will be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should reapply by completing another employment application.

	Name (First, Middle, Last)		Social Security Number			
	Address		Phone Number			
	City		State	Zip		
	Position Applied For		Salary Desired			
DATA	Are You Available For	For Work				
	How were you referred to the Village of Irvington? ☐ Newspaper ☐	☐ Walk-in				
읔	☐ Employee Referral					
RAP	Are you currently employed? If yes, may we contact your employer to obtain employment information?	☐ Yes ☐ No ☐ Yes ☐ No				
BIOGRAPHICAL	Have you ever filed an application or interviewed for employment with the Vil If yes, give month and year/	☐ Yes ☐ No				
_	Have you ever been employed with the Village of Irvington before? If yes, give dates From/ To	☐ Yes ☐ No				
	Are you legally eligible for employment in the United States? Employment eligibility verification will be required upon employn	☐ Yes ☐ No				
	If you are under 18 years of age, can you provide required proof of your eligi	☐ Yes ☐ No ☐ Not Applicable				
	If you have been provided with a job description for the position for which you essential functions of the position with or without reasonable accommodation	☐ Yes ☐ No ☐ Not Applicable				
	Type of School Attended Name and Location of School		nber of Years Completed not give dates)	Course of Study	Diploma or Degree Obtained	
NAL JND	High School or Preparatory School					
<u> </u>		1				

		Type of School Attended	Name and Location of School	Completed (do not give dates)	Course of Study	Diploma or Degree Obtained	
	ONAL	High School or Preparatory School					
į	EDUCATI BACKGRO	College					
	w W	Other					

			Г							
	Typing Speed:	WPM	Data Entry:	7	# Numeric Keystrokes/Hour	# Alpha Keystrokes/Hour				
	Computer Skills:				-					
SKILLS	List certificates, licenses (including driver license or CDL endorsement) or professional achievements that would support your qualifications for employment:			List any additional skills, technical or professional knowledge that you feel would support your application:						
	If you are applying for a pos License, provide Driver Lice			river						
			whether or not	they se	eem relevant to the position	for which you are applying.				
Pre	sent or Last Empl	oyer								
Name	e of Employer				Phone Number					
Addre	ess		City		State Zi	р				
Empl	oyment Dates (Month/Year)				Salary					
Title	of Position				Name and Title of Superviso	Name and Title of Supervisor				
Desc	ription of duties, responsibiliti	es and significar	t accomplishments							
Reas	on for leaving									
Nex	ct Previous Emplo	ver								
	e of Employer	yoı			Phone Number					
Addre	ess		City		State Zi	p				
Empl	oyment Dates (Month/Year)				Salary					
Title	of Position				Name and Title of Superviso	r				
Desc	ription of duties, responsibiliti	es and significar	t accomplishments							
Reas	on for leaving									
Nex	ct Previous Emplo	vor								
	e of Employer	ycı			Phone Number					
Addre	988		City		State Zi	p				
Empl	oyment Dates (Month/Year)				Salary					
Title	of Position				Name and Title of Superviso	r				
Desc	ription of duties, responsibiliti	es and significar	t accomplishments							
Reas	on for leaving									

Next Previous Employer								
Name of Employer			Phone Number	•				
Address	City				State	Zip		
Employment Dates (Month/	Year)				Salary			
Title of Position					Name and Title	e of Supervisor		
Description of duties, respon	nsibilities a	and significant accomp	olishments	i				
Reason for leaving								
U.S. MILITARY HI	STOR	Y						
U.S. Military Branch		Entry Date		Discharge D	ate	Training or Specialty		
References (Other	than re	latives or former	r superv	visors; list	three)			
Name/Occupation			<u> </u>	•	,	Phone Number		
Address	dress City State Zip			Years Known				
Name/Occupation						Phone Number		
Address	(City State	Z	Z ip		Years Known		
Name/Occupation	Name/Occupation				Phone Number			
Address	(City State	Z	Z ip		Years Known		
Conviction Recor	d Stat	us						
Have you ever been convicted of and/or plead guilty to a felony?								
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? Yes No								
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Village. The nature of the violation and all other appropriate circumstances will be considered. The Village reserves the right to reject individuals for employment based on job-related convictions.								
Date	County/State Conviction/Explanation		1					
I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the Village of Irvington, a pre-employment controlled substance test will be required and must be passed.								
Date:		S	ignature	of Applicant:				